



## U.S. DEPARTMENT OF STATE

**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD  
OF A CITIZEN OF THE UNITED STATES OF AMERICA**OMB NO. 1405-0011  
EXPIRES: 09/30/2006  
Estimated Burden: 20 Minutes\***A. THIS SECTION TO BE COMPLETED BY APPLICANT.**Please Type or Print Neatly in Blue or Black Ink.  
See Instructions on Reverse Side.

|  |               |   |  |
|--|---------------|---|--|
| 1. NAME OF CHILD IN FULL (First) (Middle) (Last) |               | 2. SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | 18. Serial No. _____<br>Date Issued (mm-dd-yyyy) _____<br>Approved by _____<br>FS Post _____ |
| 3. DATE OF BIRTH (mm-dd-yyyy)                    | 4. HOUR AM PM | 5. PLACE OF BIRTH IN FULL (City, State, Country)                |  |

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

| FATHER  | ITEM  | MOTHER  |
|---|---|---|
|   | 6. FULL NAME<br>(Include mother's maiden name)  |   |
|   | 7. DATE OF BIRTH<br>(Month, day, year)  |   |
|   | 8. PLACE OF BIRTH<br>(City, State, Country)   |   |
|   | 9. PRESENT ADDRESS<br>(Street No., City, State)   |   |
|   | 10. ADDRESS IN UNITED STATES<br>(Street No., City, State)   |   |
|   | 11. EVIDENCE OF U.S. CITIZENSHIP<br>IF ALIEN, SHOW NATIONALITY  |   |
| FROM (mm-dd-yyyy) TO (mm-dd-yyyy)                   | 12. PRECISE PERIODS OF PHYSICAL<br>PRESENCE IN UNITED STATES<br>(Do not list individual States. Use<br>additional paper, if necessary)  | FROM (mm-dd-yyyy) TO (mm-dd-yyyy)                   |
| FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE | 13. PRECISE PERIODS ABROAD IN<br>U.S. ARMED FORCES, IN OTHER<br>U.S. GOVERNMENT EMPLOYMENT,<br>WITH QUALIFYING INTERNATIONAL<br>ORGANIZATION, OR AS DEPENDENT<br>OF SUCH PERSON (Specify) | FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE |
|   | 14. PREVIOUS MARRIAGES<br>(Show dates and manner of termination of all)   |   |

15. DATE AND PLACE OF PRESENT MARRIAGE (mm-dd-yyyy) (City, State, Country)

**B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

|                                      |                                  |                       |  |                       |                   |
|--------------------------------------|----------------------------------|-----------------------|--|-----------------------|-------------------|
| NAME OF PERSON PROVIDING INFORMATION |                                  | SIGNATURE             |  | RELATIONSHIP TO CHILD |                   |
| SUBSCRIBED TO:<br>(SEAL)             | TYPED NAME AND TITLE OF OFFICIAL | SIGNATURE OF OFFICIAL |  | CITY                  | DATE (mm-dd-yyyy) |

**C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE**

17. DOCUMENTS PRESENTED:

18. (See upper right corner)



## APPLICATION FOR A CONSULAR REPORT OF BIRTH

A Consular Report of Birth may be issued for any U.S. citizen child under age 18 who was **born abroad and who acquired U.S. citizenship at birth**. Only the child's parent or legal guardian may make application on the child's behalf. The application generally must be signed before a U.S. consular officer, a consular agent or, in the case of children born in U.S. military hospitals, a designated military official. In certain circumstances, the application may be executed before a notary public overseas. (Contact the nearest American Embassy or Consulate for guidance in such cases.)

### DOCUMENTARY EVIDENCE

#### **A. For children who have never been documented as U.S. citizens:**

When an application is made for a Consular Report of Birth for a child who has never been documented as a U.S. citizen, the documentary evidence listed below should be presented. Provisions may be made for documents that are not available. In certain instances, additional evidence may be required to insure full compliance with citizenship law. All documentation submitted must be originals or certified copies of the originals.

1. Child's birth certificate.
2. Evidence of the parent(s) U.S. citizenship. This may consist of a U.S. passport, Consular Report of Birth, Naturalization Certificate, Certificate of Citizenship or U.S. birth certificate. For other forms of acceptable U.S. citizenship evidence, contact the U.S. consul.
3. Parents' marriage certificate.
4. Evidence of the termination of any previous marriages of the parents (divorce decree, annulment decree, or death certificate).

#### **B. For children who have previously been documented as U.S. citizens:**

When an application is made for a child who has previously been documented as a U.S. citizen, the application need only be accompanied by the documentation issued to the child and the original or a certified copy of the child's birth certificate.

### COMPLETION OF THE APPLICATION FOR A CONSULAR REPORT OF BIRTH

Complete Section A, items 1-15 on the first page of this form in accordance with the corresponding numbers below.

1. Enter the name of the child as it is recorded on the local birth certificate. Translations of foreign names are acceptable. If an erroneous name is shown on the birth certificate, an explanatory affidavit from the parent must be presented regarding the correct name. When a child's name has been changed by adoption or certain other legal action amending the child's name retroactive to birth, the new name may be recorded on the application when the legal action has been substantiated by an adoption decree or other documentary evidence, respectively. Note, however, that information provided in items 6-14 must relate to natural, not adoptive parents.
2. Check (X) box to indicate whether male or female.
3. Write the month in full. Do not abbreviate. (Example: October 2, 1984).
4. Strike out either A.M. or P.M. (whichever is inapplicable), and enter the conventional local time as shown on the birth certificate. (Example: 3:00 P.M.) If the time of birth is not shown on the birth certificate, enter the time from memory if known. If time is not known, write "not known".
5. Enter only the name of the city, state, or province (if applicable), and country.

6. Enter the names of the natural parents including the maiden name of mother. The names of adoptive parents may not be used.
7. Write the month in full. Do not abbreviate.
8. Enter only the city, state, and country.
9. Use address at the time the application is executed.
10. Enter either address at which parents will be residing or receiving mail upon arrival or return to the United States, or the last address in the U.S. The address should be written out in every instance. Do not write "same" or "same as husband".
11. List the type of document, document number, date and place of issuance, and name of individual as recorded on the document if different than item 6 above. For a list of permissible documents, see instructions on documentary evidence. If parent is not a U.S. citizen, show nationality.
12. List periods of physical presence in the U.S. prior to the child's birth in exact detail. Do not include periods that will be mentioned in item 13. Vacation trips abroad, schooling in foreign countries, and any other brief absences cannot be counted as periods of a physical presence in the U.S.
13. List periods in detail. Official written evidence from the appropriate governmental department or international organization must be presented to support any periods shown. For names of qualifying organizations, see consul.
14. List all prior marriages in the following manner: Date of marriage, manner of termination, date of termination. If no previous marriages, write "none".
15. Show date and place of marriage of child's parents. If the parents are not married to each other, write "not married".

### PRIVACY ACT STATEMENT

The information solicited on this form is requested pursuant to provisions in titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705, and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR). The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. Embassies and consulates.

Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.



| <b>U.S. SOCIAL SECURITY ADMINISTRATION</b><br><b>APPLICATION FOR SOCIAL SECURITY NUMBER CARD</b>  |  |   |  |     |  |   |  |     |  | <b>18.</b><br><br>Serial No. _____<br>Date Issued (mm-dd-yyyy) _____<br>Approved By _____<br>FS Post _____ |  |
|---|--|---|--|-----|--|---|--|-----|--|--|--|
| COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE. |  |   |  |     |  |   |  |     |  |  |  |
| <b>1. NAME OF CHILD IN FULL</b> (First) (Middle) (Last)<br><b>TO BE SHOWN ON CARD</b><br><input type="text"/> NAA   |  |   |  |     |  | <b>2. SEX</b> <input type="text"/> SEX<br><input type="checkbox"/> M <input type="checkbox"/> F   |  |     |  |  |  |
| <b>3. DATE OF BIRTH</b> (mm-dd-yyyy)<br><input type="text"/> DOB  |  | <b>4. HOUR</b> AM PM  | <b>5. PLACE OF BIRTH IN FULL</b> (City, State, Country) <input type="text"/> PLB |     |  | <b>6. FCI</b> <input type="text"/> FCI  |  |     |  |  |  |
| <b>FATHER'S NAME</b> <input type="text"/> FNA   |  |   | <b>7. FATHER'S FULL NAME</b><br><b>MOTHER'S FULL NAME AT BIRTH</b>               |     |  | <b>MOTHER'S NAME</b> <input type="text"/> MNA   |  |     |  |  |  |
| <b>Father's Social Security Number</b><br><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>         |  |   | <b>8. SOCIAL SECURITY NUMBER</b>   |     |  | <b>Mother's Social Security Number</b><br><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |     |  |  |  |
| <b>9. PNA</b> <input type="text"/> PNA<br>HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? <input type="checkbox"/> NO  |  |   |  |     |  |   |  |     |  |  |  |
| <b>10. NAME OF CHILD</b> <input type="text"/> NAB<br>FULL NAME AT BIRTH IF OTHER THAN ABOVE   |  | FIRST FULL MIDDLE NAME LAST   |  |     |  |   |  |     |  |  |  |
| <b>11. MAILING ADDRESS</b> <input type="text"/> STT<br>DO NOT ABBREVIATE  |  | STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO.<br><br>CITY/PROVINCE STATE OR FOREIGN COUNTRY POSTAL/ZIP CODE<br><input type="text"/> CTY <input type="text"/> STE <input type="text"/> ZIP   |  |     |  |   |  |     |  |  |  |
| <b>12. RACE/ETHNIC DESCRIPTION</b> <input type="text"/> ETB<br>(Check one only-Voluntary)   |  | <input type="checkbox"/> Asian, Asian American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic) |  |     |  |   |  |     |  |  |  |
| <b>13. NAME OF PERSON PROVIDING INFORMATION</b>   |  |   |  |     |  | <b>14. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.</b><br><br><b>SIGNATURE</b>                               |  |     |  |  |  |
| <b>16. TODAY'S DATE</b> (mm-dd-yyyy)<br><input type="text"/> DON  |  |   |  |     |  | <b>15. RELATIONSHIP TO CHILD</b>  |  |     |  |  |  |
| <b>16. TODAY'S DATE</b> (mm-dd-yyyy)<br><input type="text"/> DON  |  |   |  |     |  | <b>17. DAYTIME TELEPHONE NUMBER</b> (Including Area Code)   |  |     |  |  |  |
| <b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>  |  |   |  |     |  |   |  |     |  |  |  |
| NPN   |  |   | DOC  |     |  | NTI   |  | CAN |  | ITV  |  |
| PBC   |  | EVI   |  | EVA |  | EVC   |  | PRA |  | NWR  |  |
|   |  |   |  |     |  |   |  | DNR |  | UNIT   |  |
| EVIDENCE SUBMITTED  |  |   |  |     |  | SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE   |  |     |  |  |  |
|   |  |   |  |     |  | _____<br>DATE (mm-dd-yyyy)  |  |     |  |  |  |
|   |  |   |  |     |  | _____<br>DATE (mm-dd-yyyy)  |  |     |  |  |  |